

Indiana Community Health Workers Association



PO Box 7098 317-721-1181 incommunityhealth@gmail.com

Greenwood IN 46142 F: Fax Number www.INCHWA.org

Bill To: Phone:
 Address: Fax: Date
 Contact: Email:

Invoice For: **Organizational Partner Membership**

Item #	Description	Qty	Unit Price	Discount	Price
1	Yearly INCHWA Organizational Partner Membership	1	\$ 1,500.00		\$ 1,500.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Yrly Organizational Partnership Membership				Invoice Subtotal	\$ 1,500.00
				Other	\$ 10.00
Make all checks payable to Indiana Community Health Workers Association.					
Total due in 30 days.				TOTAL	\$ 1,510.00